



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

41

Attorney Docket No.	2100/24
Application Number	10/090,685
Filing Date	March 5, 2002
First Named Inventor	Alfred Thomas, et al.
Group Art Unit	3722
Examiner	Vishu K. Mendiratta

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response Office Action mailed Jan. 9, 2004	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (+duplic) w/check for	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Appointment of Associate Attorney
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Applicant claims small entity status.	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-0930</u> . A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total	27	Minus	52	0	x \$9=	0		x \$18=	
Indep.	5	Minus	10	0	x \$43=	0		x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=	---		+ \$290=	
					total add'l fee	\$ 0		total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name
Michael H. Baniak, Reg. No. 30,608
Allison M. Dudley, Reg. No. 50,545
BANIAK PINE & GANNON
150 N. Wacker Drive, Suite 1200
Chicago, Illinois 60606

Signature

Date: April 8, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 8, 2004.

Signature

Michael H. Baniak / Allison M. Dudley

Date: April 8, 2004

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